



Application Form to Be Eligible to Take the Examination to Become a Licensed Environmental Professional

I hereby apply to take the next examination based upon my understanding of the qualification criteria set forth pursuant to CGS Section 22a-133v to become a Licensed Environmental Professional.

Please type unless otherwise noted.

Part I: Applicant Information

Fill in the name and address of the applicant. The State Board of Examiners of Environmental Professionals (the Board) will use the address you provide here for all correspondence.

Applicant:

Will the Board receive information about you under a different name? ☐ Yes ☐ No

If your answer is "Yes", fill in the name here:

Mailing Address:

City/Town:

State/Province:

Zip Code:

Country (if other than USA):

Business Phone:

ext.

Fax:

Home Phone:

(Note: Only if applicant wishes to be contacted here.)

Part II: Examination Fee

Please submit the application and examination fee of \$188.00 (check or money order), payable to the Department of Environmental Protection, with the memo space on the check or money order identifying the payment for the "LEP Examination Fee". The examination fee must be mailed or hand delivered to:

CENTRAL PERMIT PROCESSING UNIT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
79 ELM STREET, FIRST FLOOR
HARTFORD, CT 06106-5127

Part III: Educational and/or Professional Engineer License Statement

College or University Name	Address	Dates Attended		Credit Hours Completed	Type of Degree Received	Major Course of Study
		From	To			

2. Verification of Education

Applicant is required to send a signed "Verification of Education Form" directly to the educational institution where the highest relevant degree was obtained. The educational institution will complete the form and mail it directly to the DEP. The school should be provided with a stamped envelope addressed to:

BOARD OF EXAMINERS OF ENVIRONMENTAL PROFESSIONALS
C/O DEPARTMENT OF ENVIRONMENTAL PROTECTION
LEP PROGRAM
BUREAU OF WATER PROTECTION AND LAND REUSE
79 ELM STREET
HARTFORD, CT 06106-5127

Any fees charged by the educational institution for this verification service are the responsibility of the applicant.

3. Professional Engineer License

Please provide the following information with regard to your valid *Connecticut* professional engineer license (if applicable):

Connecticut P.E. License number:

Date issued:

Part IVA: Employment History

Beginning with your present or most recent employment and working backward, list all positions held which are necessary for determining your eligibility. Please complete one separate sheet for each position as requested in the instructions. You may reproduce this sheet, if necessary.

Position No.: _____ of: _____ Position Title (Start with most recent job): _____		Employer Name: _____ Address: _____ Phone: _____			
Supervisor Name: _____ Title: _____ Phone: _____					

Position Duration (month and year)		Engaged in (see instructions page 4)		Responsible Charge (see instructions page 5)	
(Start Date)	(End Date)	(Years)	(Months)	(Years)	(Months)
<p>Job Responsibilities: On a day-to-day basis, identify below the percentage of time you were actively engaged in, or in responsible charge of, activities which involve the investigation and remediation of hazardous waste or petroleum products in soil or ground water while employed in this position, and provide a detailed description of your job duties.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> % time engaged-in in this position </div> <div style="width: 45%;"> % time in responsible charge in this position </div> </div>					

Part IVB: Summary of Relevant Professional Experience

Note: Engaged-in experience is the total time **actively** spent in the investigation and remediation of the release of hazardous waste or petroleum products in soil and ground water. Responsible charge is a subset of engaged-in and must be calculated accordingly.

Position No. (From Part IVA)	Position Title	Elapsed Time in Position		Engaged in		Responsible Charge	
		(Yrs)	(Mos)	(Yrs)	(Mos)	(Yrs)	(Mos)
Total Relevant Professional Experience:							
				(Yrs)	(Mos)	(Yrs)	(Mos)

Project No.: Position Title (Start with most recent job):	of 6	Employer Name:
Project Duration: Start Date: (Month/year) End Date: (Month/year)		
Project Client:		
Client Contact:		Phone:
Project Objective:		
<input type="checkbox"/> Assessment <input type="checkbox"/> Containment <input type="checkbox"/> Remediation <input type="checkbox"/> Removal <input type="checkbox"/> Other		
Were You Responsible for Project Subsurface Investigations?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Description of the Project:		
Primary Task(s) Which the Applicant Undertook in Responsible Charge:		

Part VI: “Responsible Charge” Experience Descriptions

1. Please describe the levels of personal responsibility and independent judgment you exercised in responsible charge in the positions described in Parts IVA and IVB and the projects described in Part V, including the types and levels of responsibilities of persons you coordinated or supervised while conducting assessments, containments, remediations or removals at sites at which releases of hazardous waste or petroleum products have occurred. In particular, describe the following: the evaluation and selection of scientific or technical methods for such projects; the types or categories of conclusions you reached; the extent to which you used those conclusions in making recommendations to employers or clients regarding actions at sites; and the form in which you made those recommendations. What level of authority and exercise of control and discretion did you assume over the work of subordinates and what was the average size of teams you coordinated or supervised? Please reference position number(s) as directed in the instructions. Add additional pages, as needed.

Part VI: “Responsible Charge” Experience Descriptions (cont.)

2. ***Optional:*** You may provide additional information (250 words maximum) in support of your application for meeting the requirements set forth pursuant to CGS Section 22a-133v.

Part VII: Professional References

A total of three (3) professional references are required. In the box below, list the name, address and current telephone number of the three individuals who will serve as your professional references. Please note: the Board will accept only one reference from present/past employers or co-workers. The other two references must be from other individuals familiar with your professional work. References that display the breadth of an applicant's experience are recommended.

Name:

Mailing Address:

City/Town:

State/Province:

Zip Code:

Business Phone:

ext.

Fax:

Name:

Mailing Address:

City/Town:

State/Province:

Zip Code:

Business Phone:

ext.

Fax:

Name:

Mailing Address:

City/Town:

State/Province:

Zip Code:

Business Phone:

ext.

Fax:

Part VIII: Applicant's Affidavit

Affidavit is to be made before a Notary Public or other official qualified by law to administer oaths.

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please provide an explanation on an additional page.

"I have personally examined and am familiar with the information submitted in this document and all supplemental documentation and attachments thereto, and I certify that based upon a reasonable investigation, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I have not opened, defaced, altered or otherwise tampered with any of the reference forms or envelopes containing such reference forms.

I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.

I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6(a)(8) of the General Statutes, pursuant to Section 53a-157b of the General Statutes, and in accordance with any other applicable statute."

(Signature of Applicant)

(Date)

STATE OF _____ }

} ss.

COUNTY OF _____ }

(Town)

The foregoing was subscribed to and sworn to before me this _____ day of _____
(day)

_____, _____ by _____
(month) (year)

(Signature of Notary Public or other official)

(Name of Notary Public or other official)

My commission expires _____